

**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
VI/03-015

In Re Application Of: **COWAN et al.**

Application No. 10/722,370	Filing Date 11/25/2003	Examiner Catherine Witczak	Customer No. 21140	Group Art Unit 3767	Confirmation No. 8594
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Title: **SYRINGES, SYRINGE INTERFACES AND SYRINGE PLUNGERS FOR USE WITH MEDICAL INJECTORS**

COMMISSIONER FOR PATENTS:

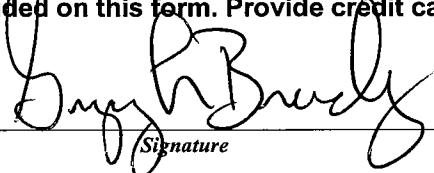
Transmitted herewith is:

Amendment Transmittal Letter, Amendment After Final Action, Certificate of Electronic Filing

in the above identified application.

- No additional fee is required.
- A check in the amount of _____ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. **13-2530** as described below.
 - Charge the amount of _____
 - Credit any overpayment.
 - Charge any additional fee required.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

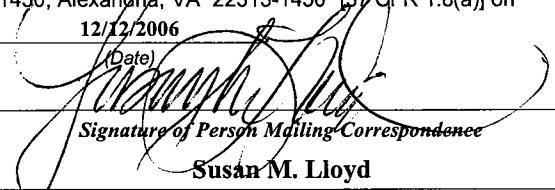
Dated: **December 12, 2006**

Gregory L. Bradley, Reg. No. 34,299
MEDRAD, Inc.
One Medrad Drive
Indianola, PA 15051

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

12/12/2006

(Date)


Susan M. Lloyd

Typed or Printed Name of Person Mailing Correspondence

cc:

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): COWAN et al.

Docket No.

VI/03-015

Application No. 10/722,370	Filing Date 11/25/2003	Examiner Catherine Witczak	Customer No. 21140	Group Art Unit 3767	Confirmation No. 8594
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Invention: SYRINGES, SYRINGE INTERFACES AND SYRINGE PLUNGERS FOR USE WITH MEDICAL INJECTORS

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5 -	21 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

No additional fee is required for amendment.

Please charge Deposit Account No. _____ in the amount of _____

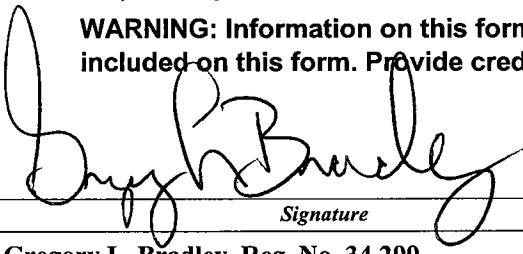
A check in the amount of _____ to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-2530

- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 CFR 1.17.

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Signature

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MEDRAD, Inc.

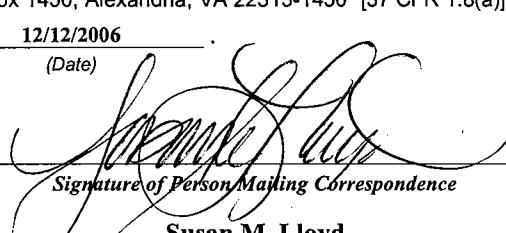
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